

**Johns Hopkins Medical Imaging**

White Marsh  
4924 Campbell Blvd, Suite 105  
Nottingham, MD 21236

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**Imaging Result**

Patient:	<b>Garrish, Patricia</b>	Study Status:	<b>Final</b>
MRN:	JH13876359	Authorizing Provider:	Amy Tracy Byrd
DOB:	10/11/1961	Accession #:	22076421
Sex:	Female		
Pt. Class:	Outpatient		
Ordering	Motor vehicle accident, initial	Reason for Exam:	None Specified
Diagnosis:	encounter		

**Exam: MRI Lower Extremity Left Joint WO Contrast      Date of Service: 11/22/2017 8:57 PM**

MRI OF THE LEFT KNEE WITHOUT CONTRAST.

INDICATION: 56-year-old woman with motor vehicle accident

TECHNIQUE: Axial, coronal, and sagittal images of the left knee were obtained on a 1.5 Tesla magnet.

COMPARISON: 5/14/2017.

**FINDINGS:**

Fluid: Moderate effusion. Baker's cyst.

**Medial compartment:**

Medial meniscus: Complex tear of the meniscal body/posterior horn with a small flat displaced into the meniscotibial gutter.

Medial collateral ligament: Scarring and mild periligamentous edema.

Medial femoral condyle cartilage: Signal heterogeneity and high-grade cartilage loss/fissuring.

Medial tibial plateau cartilage: High-grade cartilage loss.

**Lateral compartment:**

Lateral meniscus: Normal.

Lateral collateral ligament complex: Normal.

Lateral femoral condyle cartilage: Signal heterogeneity.

Plt. #20  
Excluded  
on  
3/30/21

Lateral tibial plateau cartilage: Signal heterogeneity.

Posterolateral corner:

Popliteus tendon: Mild degeneration.

Popliteofibular ligament: Normal.

Proximal tibiofibular joint: Normal.

Anterior compartment:

Alignment: Normal. Insall-Salvati ratio 1.1. TT-TG: 5 mm.

Quadriceps tendon: Normal.

Patellar tendon: Normal.

Patellar cartilage: Full-thickness cartilage loss with subchondral cyst formation in the medial facet.

Trochlea cartilage: Normal.

Plica: T1 and T2 hypointense bandlike structure extending anteroposteriorly through the Hoffa's fat pad which may represent ligamentum mucosum.

Hoffa fat pad: There is edema and mild fluid along what appears to be the ligamentum mucosum, which may represent shearing injury of the Hoffa's fat pad.

Intercondylar compartment:

Anterior cruciate ligament: Mild mucoid degeneration.

Posterior cruciate ligament: Normal.

Bones: Mild bone marrow edema at the medial aspect of the medial femoral condyle.

Muscles: Normal.

Vessels: Normal.

Nerves: Normal.

#### IMPRESSION:

1. Degenerative tear of the medial meniscal body/posterior horn with osteoarthritis of the medial compartment, including high-grade cartilage loss and bone marrow edema. Findings are increased in severity since prior examination.

2. Patellofemoral osteoarthritis, including full-thickness cartilage loss of the medial patellar facet with subchondral cyst formation.

Images and interpretation personally reviewed by: Iman Khodarahmi, MD.PhD

Images and interpretation personally reviewed by: Laura Fayad, MD

Electronically Signed By: Laura Marie Fayad, MD on 11/24/2017 2:45 PM

Transcribed: Fri Nov 24, 2017 1:17:24 PM EST [IK]



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<b>MRN:</b>	JH13876359	<b>Authorizing Provider:</b>	Amy Tracy Byrd
<b>DOB:</b>	10/11/1961	<b>Accession #:</b>	22128575
<b>Sex:</b>	Female		
<b>Pt. Class:</b>	Outpatient		
<b>Ordering</b>	Facial numbness Motor	<b>Reason for Exam:</b>	Facial numbness
<b>Diagnosis:</b>	vehicle accident, Initial encounter		Facial numbness

<b>Exam:</b> MRI Brain W/WO Contrast	<b>Date of Service:</b> 12/08/2017 10:27 PM
MRI C-Spine W/WO Contrast	12/08/2017 10:27 PM

**Indication:** Left-sided facial numbness. Status post MVA.

**TECHNIQUE:** Contrast-enhanced brain and cervical spine MRI protocols were acquired.

**COMPARISON:** Head CT from 11/14/2009.

#### FINDINGS:

Head: Again seen is asymmetric prominence of the right lateral ventricle, a normal variation, and otherwise the ventricles, sulci and cisterns are normal in size, shape and position. Minimal periventricular cerebral white matter T2 FLAIR hyperintensity is noted along with mild hyperintensity involving the central pons, nonspecific but possibly representing remote microvascular ischemic change. Mild curvilinear hyperintense signal along the surface of the left inferior cerebellar peduncle on diffusion images is felt to be artifactual. Diffusion-weighted images demonstrate no restricted diffusion to suggest an acute infarction. No abnormal enhancement is seen within the brain or its overlying structures. No mass is seen. There is no evidence for an intracranial hemorrhage or extra-axial fluid collection. The major intracranial flow voids are patent. The infundibulum is midline and the pituitary enhances normally.

There is a mild left mastoid effusion. The orbits are symmetric and unremarkable. Minimal mucosal thickening of ethmoid air cells is noted. No calvarial lesions are seen.

Cervical spine: The vertebral bodies are normal in height, signal intensity and alignment. The facets are normally aligned. The cervical cord is normal in signal and caliber. No abnormal enhancement is seen within the cord or its overlying structures.

Cervical vascular structures appear to be patent.

C2-3: No central or foraminal stenosis. Minimal posterior disc protrusion at the midline indents the ventral thecal sac.

C3-4: There is a small focal posterior protrusion at the midline indenting the ventral thecal sac. The central and foraminal canals are otherwise patent.

C4-5: There is a mild disc bulge with a mild posterior protrusion flattening the ventral thecal sac. The foramina are patent bilaterally.

C5-6: There is a disc bulge with endplate osteophytic changes seen anteriorly but no significant central or foraminal stenosis.

C6-7: There is a mild disc bulge with a superimposed posterior protrusion that mildly flattens the ventral thecal sac but there is no significant central or foraminal stenosis.

C7-T1: No central or foraminal stenosis and no disc herniation.

IMPRESSION: No acute intracranial process, abnormal enhancement or mass. The cervical spine is without spinal stenosis, abnormal enhancement or a cord lesion.

Images and interpretation personally reviewed by: BRUCE WASSERMAN, MD

Electronically Signed By: Bruce Alan Wasserman, MD on 12/9/2017 10:10 AM